

API Governance Committee Meeting Minutes - Draft Minutes

Date: Tuesday, January 8, 2019 / Time: 12:30 p.m. – 2:20 p.m.

	Adam Crum, DHSS Commissioner	X	Deborah Guris, M.D., API Acting DOP	X	Dr. Andrew Pauli, API
X	Gennifer Moreau-Johnson, Acting DBH Dir.	X	Cynthia Montgomery, API Acting DON	X	Dr. Lee Ann Gee, API
X	Albert Wall, DHSS Deputy Commissioner	X	Tina Williams, API CFO	X	Gerald Martone, API
X	Gavin Carmichael, API Acting CEO	X	Mark Kraft, API DSW	X	Laura Russell, DBH
X	Charlene Tautfest, AMHB Member	X	Leilua Fadely, API Admin	X	Guest: Steven Bookman, AAG

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1.	Welcome Introductions (Roll call) Review and Approve Agenda	CEO	Roll taken. <i>Motion to approve</i> – Gennifer Moreau-Johnson <i>Second</i> – Charlene Tautfest	Quorum established to conduct Governance business. Hearing no objection, the motion passed.	Completed Completed
2.	Review December 14, 2018 Governance Meeting Minutes	CEO	<i>Motion to approve</i> – Gennifer Moreau-Johnson <i>Second</i> – Al Wall	Hearing no objection, the motion passed and the minutes were approved as presented.	Completed
3.	Plan of Corrections Update		<u>Per CEO</u> – Presented to the GB the CMS December 2018 Plan of Correction that was received by API last week as a result of having federal CMS surveyors as well as the State of Alaska licensing certification team on site to review the facility. It was noted that Joint Commission also reviewed the facility and found issues. There are currently multiple teams working within API to address all of the findings. CEO reported that within the 93-page plan of corrections, there are common themes repeated multiple times and quite a bit of duplication within the document.		

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4. (cont'd)	Other Business b) Governance Committee Review (cont'd)	DOP Dr. Lee Ann Gee	<ul style="list-style-type: none"> • Request for privileges form is completed along with a medical staff application form. • Doctoral level psychologists with appropriate training can apply for the privilege of doing admission psychiatric evaluations for patients on the forensic unit. • All medical staff will engage in ongoing professional practice evaluation, and that information obtained from that review process would be used when needed. <p><i>Motion to approve bylaws amendments</i> – Al Wall <i>Second</i> – Gennifer Moreau-Johnson</p> <p><i>Admission Policies:</i> They have been working on improving their admission policies, which were geared more toward EMTALA language, because API does not provide extensive medical care to incoming patients. It is important that patients are medically screened before coming to a freestanding psychiatric hospital. They have worked toward improving the admission policy as well as the procedure of getting patients a complete medical evaluation and clearance before being properly accepted and admitted to API.</p> <p><i>Per Steven Bookman</i> – The effort here is that API not hold itself out as a place that is governed by EMTALA.</p> <p><i>Per CEO</i> – The policy and procedure has been drafted and the intent is to publish the information for the general public, health care institutions, and other admitting entities to be aware of the process. It was noted that Margaret Brodie was involved in conversations regarding the drafting of the policy and procedures.</p>	Hearing no objection, the motion passed.	Completed

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4. (cont'd)	c) Social Work Service Report (cont'd)	CEO	<p><u>Chilkat:</u> Chilkat is currently at two adolescents in the unit. Discussion ensued among members of the GB regarding reasoning for the current census as well as community alternatives. Highlights from the discussion are as follows:</p> <ul style="list-style-type: none"> • North Star has in the past considered renovating their facility and taking all children. It may affect Medicaid billables for API, but could be done in conjunction with the rollout of the 1115 demonstration waiver, which may potentially allow Medicaid coverage for individuals between 21 and 64 in an IMD facility with 16 beds or more for mental health treatment. • Should API raise their census in Chilkat back up to 10? They have been holding off on admissions. API currently has staffing capacity for 36 beds, all of which are filled with two children and 34 adults. In order to take in more adolescents, they would need to decrease adult beds and also take into account acuity. Within this calendar year, there will be two community resources coming online to relieve pressure on API. Until that time, it was recommended they maintain this low census unless staffing levels improve. • It was also noted that another issue that makes up acuity on Chilkat is the issue of behavioral contagion that occurs in adolescents. Acuity might be measured differently depending on the milieu. • Chilkat continues to have safety issues, a need for training, and needs more robust programming. • There is not currently a lawsuit pending against API specifically for the admissions of children. In the event of a subpoena to testify regarding this issue, the position is that the capacity policy applies to children as well as adults for all of the reasons noted above. 		

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4. (cont'd)	d) Litigation Status	Steven Bookman	<p>The cases brought by the Disability Law Center and the Public Defender Agency regarding the delays in transporting adults to the civil beds have been consolidated in some fashion, but the judge has not issued a written order explaining the consolidation. The judge has indicated that he needs to hear from the State of Alaska what the State is doing, which will entail a fairly comprehensive explanation.</p> <p>In terms of individual people's cases, the public defender is filing for review hearings as to why people haven't been transported and why API is not evaluating them in place. They have already been informed that API does not have privileges to evaluate people outside of the facility, and staff leaving API reduces capacity at the facility. <i>Per CFO</i> – API is accredited as an inpatient facility, not outpatient services.</p> <p>There are also lawsuits about the delays in forensic transportation, but that is not as high of a priority.</p> <p>The temporary restraining order has been slowed down in the DLC case, and he doesn't think it results in API's capacity policy being overturned.</p> <p>Members of the GB engaged in a discussion regarding the prioritization of patients into the hospital noting that people in the custody of DOC are first and then second is community ex parte. This makes the waitlist in the hospital emergency rooms longer. There is no statute that defines prioritization of patients into API, but there may be direction from the court. <i>Per Al Wall</i>: Currently exploring changes to the commitment law itself. There is a capacity issue at every DET facility in the state. This is not an API problem; it's a statewide issue.</p> <p>Members of the GB were reminded that historically, when people were delayed entrance to API by going through hospital emergency rooms and having to be waitlisted, the community became savvy that they would achieve quicker admittance by going the route of community ex parte.</p>	<p>Suggestion: Continue to brainstorm this issue.</p>	

<p>4. (cont'd)</p>	<p>d) Litigation Status (cont'd)</p> <p>e) Ombudsman Report</p> <p>f) API Staffing</p>	<p>CEO</p> <p>CFO</p>	<p>It was also noted that 25 more beds will be coming available in the community in the next 11 months. A possible solution is for people to go from the emergency room to one of the potentially available voluntary beds in the community.</p> <p>Attended a meeting with the ombudsman, Kate Burkhart. A report has been generated, and a group is being convened to develop an action plan based on the report. Most of the members of the group have been notified, and the group will consist of a wide variety of API staff to develop creative solutions.</p> <p><i>Per Al Wall</i> – Suggestion to include an outside patient advocate to participate in the meeting.</p> <p>Directed members of the GB to the staffing submission. She reviewed the contents of the report noting that it contains the pending actions, the contacts, the type of positions they are seeking, and the status. This is not the only list, but just those positions that need to move fairly quickly. Members of the GB discussed the issues regarding some of the PCNs. They also reviewed the acting status memorandums for Cynthia Montgomery, Dr. Deborah Guris, and Chris Rygh. It was noted that the vacant key leadership positions are a big priority for the facility. It was noted that the clinical services director (CSD) position is not exempt.</p>	<p>Action Item: Al Wall will connect with Kate Burkhart to determine a patient advocate.</p> <p>Action Item: Al Wall will explore making the CSD position exempt.</p>	
<p>5.</p>	<p>Division of Behavioral Health Acting Director Comments</p> <p>DHSS Commissioner Comments</p> <p>DHSS Deputy Commissioner Comments</p>	<p>Gennifer Moreau-Johnson</p> <p>Adam Crum</p> <p>Albert Wall</p>	<p>No additional comments were provided.</p> <p>Not present.</p> <p>Reiterated that the current situation at API is on the top three list of the Commissioner. They will be continuing to work on the issue of getting the Joint Commission report disavowed and will work through the ombudsman release.</p>		

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5. (cont'd)	DHSS Deputy Commissioner Comments (cont'd)	Albert Wall	<p>CMS needs to be reassured that the new administration is as focused on API as they should be and that it's a priority and they are taking steps. He and the Commissioner will be meeting with the top administrators of Region X. Donna Steward will most likely be in attendance at the next GB meeting.</p> <p>They are considering all options to expand and change inpatient psychiatric care in Alaska. They are right now drafting some statutory changes for the commitment law and for DET structure, and they are in talks with a couple of legislators to obtain sponsorship. They are also looking at the DET contracts as well as reinstating DES beds for smaller hospitals. Members of the GB discussed the potential impact of DSH funding to API if DES beds are opened at other facilities.</p>		
	Good of the Order	Admin CEO	<p><u>Next GB Meeting:</u> The next meeting of the Governance Committee is scheduled for Friday, February 22, 2019.</p> <p><u>Per CEO</u> – The intention is to ensure members of the GB have the previous meeting minutes and all meeting materials to review and consider one week prior to the meeting.</p> <p><u>GB Orientation</u> Typically when a new governing body is convened, there is an orientation program that can be delivered to the new members. It is something to consider if the body is interested in participating in it.</p>		
Meeting Ends	Adjourned at 2:20 p.m.				

Minutes prepared by: Paula DiPaolo 1/9/18

Approved by: Gavin Carmichael: _____
(Initial) Date